

Chapter: Rules for State-Operated Programs and Facilities	Effective Date: 7/15/24
Subchapter: Program Services	Page: 1 of 8
Division: Health Care Services	Replaces: GAP.380.9188, 8/1/23
Rule: Suicide Alert for High-Restriction Facilities	

RULE

(a) **Purpose.**

This rule establishes procedures for identification, assessment, treatment, and protection of youth in high-restriction facilities who may be at risk for suicide.

(b) **Applicability.**

This rule applies to all youth currently placed in high-restriction facilities operated by the Texas Juvenile Justice Department (TJJD).

(c) **Definitions.**

Definitions pertaining to this rule are under [§380.9187 of this chapter](#).

(d) **General Provisions.**

- (1) Treatment for youth determined to be at risk for suicide is provided within the least restrictive environment necessary to ensure safety.
- (2) Youth determined to be at risk for suicide participate in regular programming to the extent possible, as determined by a mental health professional. Only a mental health professional may make exceptions to the provision of regular programming, housing placement, or clothing.
- (3) Using force to remove clothing shall be avoided whenever possible and used only as a last resort when the youth is physically engaging in suicidal and/or self-harming behavior.
- (4) Designated staff carry rescue kits at all times while on duty for use in the event of a medical emergency caused by a suicide attempt. Rescue kits are also placed in designated buildings or areas of the campus that are not accessible to youth.
- (5) As soon as possible, but not to exceed two hours, after a suicide attempt, the youth's parent or guardian is notified (with the youth's consent if the youth is age 18 or older).

(e) **Intake Screening and Assessment.**

(1) **Upon Initial Admission to TJJD.**

- (A) Upon arrival to a TJJD orientation and assessment unit, designated intake staff keep youth within direct line-of-sight supervision until the youth is screened or assessed for suicide risk.
- (B) Within one hour after the youth's arrival to a TJJD orientation and assessment unit, a mental health professional initiates an initial mental health screening and documents the results.
- (C) If the mental health professional identifies the youth as potentially at risk for suicide, the mental health professional immediately conducts a suicide risk assessment.
- (D) Within 14 days after arrival at the orientation and assessment unit, all youth receive a comprehensive mental health evaluation conducted by a mental health professional. The mental health evaluation will include a suicide risk assessment if one has not already been completed.

- (E) The suicide risk assessment completed upon initial admission includes, at a minimum:
 - (i) a mental status exam;
 - (ii) a review of all mental health and medical records submitted from the courts, county juvenile detention facilities, or any other medical or mental health provider, to include any assessments by mental health professionals relating to prior suicide alerts during confinement;
 - (iii) a review of all other available screenings and assessments; and
 - (iv) referrals for follow-up treatment or further assessment, as indicated.
 - (F) The designated mental health professional reviews the suicide risk assessment.
- (2) **Upon Arrival at a TJJD Facility after Intake.**
- (A) Except for youth who are on suicide alert at the time of arrival, the following actions must occur within one hour after a youth's arrival at a high-restriction facility following an intrasystem transfer, any period of time spent out of TJJD's physical custody due to a significant life event, or a period of at least 48 hours spent out of TJJD's physical custody for any reason:
 - (i) a trained designated staff member initiates a suicide risk screening; or
 - (ii) a mental health professional initiates a suicide risk assessment.
 - (B) The youth is kept within direct line-of-sight supervision until the youth is screened or assessed.
 - (C) If a screening is conducted:
 - (i) the trained designated staff member immediately contacts a mental health professional to assign an observation level, if appropriate, based on results of the screening; and
 - (ii) the youth is immediately placed on the observation level directed by the mental health professional; and
 - (iii) the mental health professional conducts a suicide risk assessment within an appropriate time frame, as established in agency procedures. Procedures will assign time frames based on the youth's assigned observation level and screening result.
 - (D) The suicide risk assessment conducted upon a youth's arrival at a TJJD facility includes, at a minimum:
 - (i) a mental status exam;
 - (ii) a review of the youth's masterfile and medical record, as indicated;
 - (iii) referrals for follow-up treatment or further assessment, as indicated;
 - (iv) a determination of whether to place the youth on suicide alert, and if placed, designation of the appropriate observation level and other safety precautions; and
 - (v) a review by the designated mental health professional of the assessment.
- (3) **Additional Screening by Infirmary for Intrasystem Transfers.**
- (A) Upon arrival of a youth from another high-restriction TJJD facility, a nurse completes an intrasystem health screening, including questions relating to suicidal ideation and suicidal behavior.

- (B) If the youth is identified by the screening as potentially at risk for suicide, the nurse immediately contacts a mental health professional and communicates the results of the screening.

(f) **Responding to Suicidal Ideation, Self-Harming Behavior, or Suicidal Behavior.**

- (1) A staff member who has reason to believe that a youth has verbalized suicidal ideation or demonstrated self-harming or suicidal behavior must:
 - (A) immediately use the rescue kit if appropriate and seek medical attention if there is a medical emergency;
 - (B) verbally engage the youth;
 - (C) provide constant observation unless a mental health professional directs a higher observation level;
 - (D) begin a suicide observation log to document status checks of the youth;
 - (E) immediately notify the campus shift supervisor and document the notification; and
 - (F) refer the youth for a suicide screening.
- (2) As soon as possible, but no later than one hour after notification, the campus shift supervisor ensures a trained designated staff member initiates a suicide risk screening or a mental health professional initiates a suicide risk assessment. This screening or assessment is not required when deemed inappropriate due to a medical emergency.
- (3) If a screening is conducted:
 - (A) the trained designated staff member immediately contacts a mental health professional to assign an observation level based on results of the screening; and
 - (B) the mental health professional conducts a suicide risk assessment within an appropriate time frame, as established in agency procedures. Procedures will assign time frames based on the youth's assigned observation level and screening result.
- (4) If the youth is transported to the emergency room:
 - (A) upon return to the facility, the youth is placed on one-to-one observation until assessed by a mental health professional; and
 - (B) a mental health professional initiates a suicide risk assessment within four hours after the youth's return to the facility.
- (5) The suicide risk assessment conducted in response to suicidal behavior or ideation includes:
 - (A) a mental status exam;
 - (B) a review of the youth's masterfile and medical record, as indicated;
 - (C) referrals for follow-up treatment or further assessment, as indicated;
 - (D) a determination of whether to place the youth on suicide alert, and if placed, designation of the appropriate observation level and other safety precautions; and
 - (E) a review by the designated mental health professional of the assessment.
- (6) Whenever possible, suicide risk screenings and assessments are conducted in a confidential setting.

(g) **Actions Taken Upon Completion of Suicide Risk Assessment.**

(1) **Documentation Requirements.**

- (A) Upon completion of a suicide risk assessment, the mental health professional documents the results of the assessment, including any changes in the youth's observation level.
- (B) If the youth is placed on suicide alert, the mental health professional ensures the youth's name is placed on the facility's suicide alert list. The designated mental health professional ensures the updated list is distributed to facility staff.

(2) **Notification of Assessment Results.**

- (A) If the youth is placed on suicide alert:
 - (i) as soon as possible, infirmary staff, the youth's case manager, staff responsible for supervising the youth, and the campus shift supervisor are notified of the youth's observation level, other safety precautions, and any additional instructions; and
 - (ii) the youth's parent or guardian is notified as soon as possible after the youth is placed on suicide alert (with the youth's consent if the youth is age 18 or older).
- (B) If the youth is not placed on suicide alert, the mental health professional notifies the referring staff and the youth's case manager that the youth was assessed but not placed on suicide alert.

(3) **Assignment of Staff to Monitor Youth.**

If the youth is placed on suicide alert, the campus shift supervisor ensures a specific staff member is assigned to monitor the youth and carry the suicide observation folder.

(h) **Supervision of Youth on Suicide Alert.**

- (1) Unless the youth is already placed in a suicide-resistant room, the campus shift supervisor or trained designated staff member coordinates a search of the youth's room or personal area and removes any potentially dangerous items.
- (2) The suicide observation folder must be in the possession of the monitoring staff member at all times while the youth is on suicide alert.
 - (A) At no time may the youth possess the suicide observation folder.
 - (B) Each time the youth is transferred to the supervision of another staff member, the receiving staff member must take possession of the folder and document the transfer of supervision in the folder.
- (3) As required by the suicide observation level and other safety precautions assigned to the youth, the monitoring staff member must:
 - (A) maintain direct visual observation of the youth;
 - (B) document the youth's status at the required interval; and
 - (C) follow any precautions set by the mental health professional.
- (4) The monitoring staff member must not leave a youth assigned to one-to-one observation unattended or let the youth out of the staff member's sight.
- (5) During waking hours, the monitoring staff must not leave a youth assigned to constant observation unattended or let the youth out of the staff member's sight.

- (6) Any time a youth on one-to-one or constant observation is in the bathroom or shower, the monitoring staff must remain within six feet of the youth, and:
 - (A) observe at least a portion of the youth's body (i.e., head, feet, or other observable parts, excluding genitalia, breasts, and buttocks); and/or
 - (B) maintain verbal contact.
 - (7) When a youth on one-to-one or constant observation is engaged in regular programming (e.g., education, group sessions, recreation), the monitoring staff will accompany the youth to the activity and remain within the required distance (i.e., 6 or 12 feet). If the youth cannot be maintained within the required distance without disrupting the program, a mental health professional must be consulted to consider possible modifications to the youth's supervision plan or scheduled routine to ensure the youth can be appropriately monitored.
 - (8) Issuing suicide-resistant clothing and removing a youth's clothing, as well as canceling programming and routine privileges, will be avoided whenever possible and used only as a last resort for periods during which the youth is physically engaging in suicidal and/or self-harming behavior.
 - (A) Decisions regarding issuance of suicide-resistant clothing and restrictions in programming and/or routine privileges may be made only by a mental health professional.
 - (B) A decision to conduct a strip search if criteria in [§380.9709 of this chapter](#) are met may be made only in consultation with a mental health professional.
 - (C) A decision to use force in order to remove a youth's regular clothing after a youth has been issued suicide-resistant clothing may occur only upon the recommendation of a mental health professional and with the approval of the directors over treatment and facility operations or the directors' designees.
 - (D) If force is used to remove a youth's regular clothing as provided by subparagraph (C) of this paragraph, a mental health professional must evaluate the youth's need for trauma symptom care and ensure the care is provided if appropriate.
 - (9) Unless approved by the designated mental health professional in consultation with the facility administrator, youth on suicide alert are not allowed access to off-campus activities or non-medical appointments. Decisions regarding off-campus medical appointments are made by medical staff.
- (i) **Treatment and Reassessment of Youth on Suicide Alert.**
- (1) A mental health professional develops a written treatment plan (or revises an existing care plan) that includes treatment goals and specific interventions designed to address and reduce suicidal ideation and threats, suicidal and/or self-harming behavior, and suicidal threats perceived to be based upon attention-seeking or manipulative behavior. The treatment plan describes:
 - (A) signs, symptoms, and circumstances under which the risk for suicide or other self-harming behavior is likely to reoccur;
 - (B) how reoccurrence of suicidal and other self-harming behavior can be avoided; and
 - (C) actions the youth and staff can take if the suicidal and other self-harming behavior does occur.
 - (2) The mental health professional consults with the youth's case manager, as needed, to recommend modifications to the youth's individual case plan based on issues identified in the treatment plan. The mental health professional consults with staff responsible for supervising the youth regarding the youth's progress.

- (3) While the youth is on suicide alert, a mental health professional assesses the youth at least once every 48 hours, unless the youth is placed on one-to-one observation, in which case the mental health professional assesses the youth at least once every 24 hours.
 - (4) For each assessment, the mental health professional:
 - (A) reviews the contents of the suicide observation folder, as well as suicide risk assessments and progress notes from other mental health professionals as applicable;
 - (B) determines whether any changes should be made to the youth's observation level or other safety precautions (in consultation with the designated mental health professional if the assessing mental health professional is not licensed to practice independently and recommends lowering the observation level or precautions);
 - (C) documents any changes in the observation level or other safety precautions in the suicide observation folder; and
 - (D) documents the assessment, including a sufficient description of the youth's emotional status, observed behavior, recommended observation level, justification for decision, and any special instructions for staff.
 - (5) Each time a change is made to the youth's observation level or other safety precautions, staff responsible for supervising the youth are notified and updated information regarding the youth is distributed to designated facility staff, including infirmary staff.
 - (6) During routine meetings between the psychology department and the psychiatric provider, the designated mental health professional or designee discusses information concerning youth on suicide alert who are on the psychiatric caseload.
- (j) **Protective Custody or Emergency Psychiatric Placement.**
- (1) Youth who cannot be safely managed in their assigned living units may be referred for placement in a suicide-resistant room in the protective custody program, in accordance with [§380.9745 of this chapter](#). All treatment, reassessment, and observation requirements established in this rule will continue to apply while a youth is assigned to protective custody unless otherwise noted in §380.9745 of this chapter.
 - (2) If the designated mental health professional or psychiatric provider determines that a youth is in serious and imminent risk of suicidal and/or self-harming behavior and cannot be safely or appropriately managed within TJJJD custody, the designated mental health professional or psychiatric provider may seek emergency psychiatric placement in accordance with [§380.8771 of this chapter](#). The youth will be placed on one-to-one observation until received at the emergency placement.
- (k) **Intrasystem Transfer of Youth on Suicide Alert.**
- (1) Prior to transferring a youth on suicide alert to another high-restriction TJJJD facility:
 - (A) within 24 hours prior to transfer, a mental health professional at the sending facility sends a summary of the youth's suicidal and/or self-harming behavior, assessments, and treatment to the designated mental health professional and facility administrator or their designees at the receiving facility and any stopover facilities en route to the receiving facility; and
 - (B) staff assigned to monitor the youth at the sending facility provide the suicide observation folder to the transporting staff.

- (2) A mental health professional at the receiving facility:
 - (A) as soon as possible, but no later than four hours after the youth's arrival, reviews the transfer summary and initiates a suicide risk assessment;
 - (B) places the youth on the facility's suicide alert list;
 - (C) ensures the suicide observation log is provided to the staff assigned to monitor the youth; and
 - (D) communicates with the designated mental health professional or designee regarding the plan for treatment and assessment.
- (3) Before the youth is moved to the assigned dorm or living unit at the receiving facility, staff responsible for supervising the youth and nursing staff are notified of the youth's suicide observation level.

(l) Moving a Youth on Suicide Alert to a Less Restrictive Placement.

- (1) Prior to moving a youth on suicide alert to a less restrictive placement (i.e., medium-restriction facility or home placement), the mental health professional:
 - (A) provides the youth (or parent/guardian if the youth is under age 18) with a referral for follow-up care;
 - (B) coordinates with appropriate clinical staff to schedule a follow-up appointment;
 - (C) communicates observation level and precautions to facility staff, if applicable;
 - (D) identifies emergency resources, if needed; and
 - (E) notifies the youth's parole officer, if applicable.
- (2) Mental health records are sent to the receiving mental health provider upon request.

(m) Reduction of Observation Level and Removal from Suicide Alert.

- (1) The observation level for a youth on suicide alert may be lowered or discontinued only after a suicide risk assessment by a mental health professional. If the assessing mental health professional is not licensed to practice independently, the decision to lower or discontinue a youth's observation level may be made only in consultation with the designated mental health professional.
- (2) A mental health professional may lower a youth's suicide observation level by no more than one level every 24 hours unless otherwise approved by the designated mental health professional on a case-by-case basis.
- (3) Only a mental health professional or the designated mental health professional may authorize removal of a youth's name from the suicide alert list. Only youth on the lowest available observation level may be removed from suicide alert.
- (4) The mental health professional notifies appropriate staff when a youth's observation level is lowered and when a youth is removed from suicide alert. Infirmiry staff notify the psychiatric provider of all such changes for youth on the psychiatric caseload.
- (5) The youth's parent or guardian is notified when the youth is removed from suicide alert (with the youth's consent if the youth is age 18 or older).
- (6) Upon removal from suicide alert, the mental health professional identifies in the treatment plan any needed follow-up mental health services.

(n) Training.

- (1) All staff who have regular, direct contact with youth (including, but not limited to, security, direct care, nursing, mental health, and education staff) receive initial training in suicide prevention and response during new-hire training. Training addresses topics including, but not limited to:
 - (A) identifying the warning signs and symptoms of suicidal and/or self-harming behavior;
 - (B) high-risk periods for suicidal and/or self-harming behavior;
 - (C) juvenile suicide research, to include the demographic and cultural parameters of suicidal behavior, incidence, and precipitating factors;
 - (D) responding to suicidal youth and youth experiencing mental health symptoms;
 - (E) communication between correctional and health care personnel;
 - (F) referral procedures;
 - (G) housing, observation, and suicide alert procedures; and
 - (H) follow-up monitoring of youth who engage in suicidal behavior, self-harming behavior, and/or suicidal ideation.
- (2) All staff who have regular, direct contact with youth receive annual suicide prevention training.
- (3) Staff designated to conduct suicide screenings receive annual training from a mental health professional regarding suicide alert policy, suicide indicators, and suicide screening.
- (4) All training described by this subsection shall be accompanied by a test or demonstration to establish competency in the subject matter.

(o) Post-Incident Debriefing and Analysis.

- (1) After a completed suicide or a life-threatening suicide attempt, the facility administrator or designee coordinates a debriefing with appropriate facility staff as soon as possible after the situation has been stabilized, in accordance with agency procedures.
- (2) After a completed suicide, the executive director or designee may dispatch a critical incident support team to provide counseling for youth and staff, coordination of facility activities, and assistance with follow-up care.
- (3) After a completed suicide, the medical director conducts a morbidity and mortality review in coordination with appropriate clinical staff. The medical director may conduct a morbidity and mortality review after a life-threatening suicide attempt.
- (4) After a completed suicide or a life-threatening suicide attempt, a critical incident review is convened to determine if the incident reveals system-wide deficiencies and to recommend improvements to agency policies, operational procedures, the physical plant, and/or training requirements.
- (5) In the event of a completed suicide, all actions, notifications, and reports required under [§385.9951 of this title](#) must be completed.